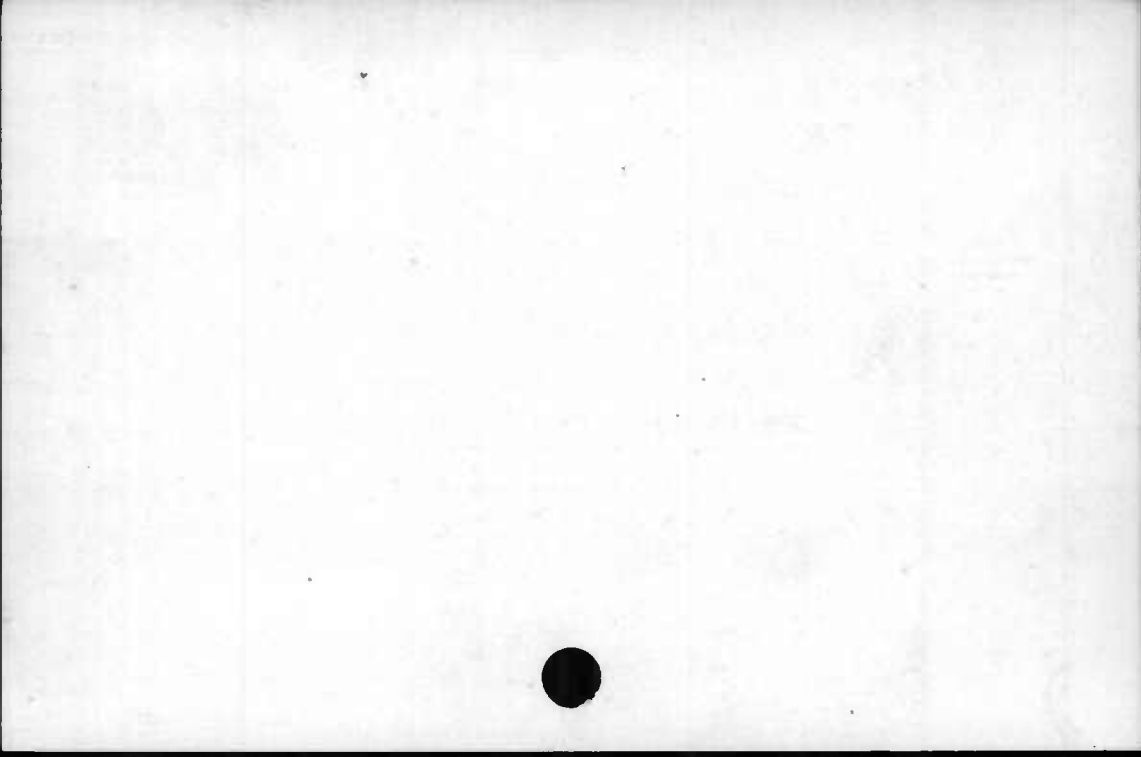


Name in Full		Unnamed Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pocumtuck City -		County Worcester -		MARYLAND
	Date of death	1906	Month	Nov	Day	29	Age
	Sex		Male		Color or Race		Columbian
	Occupation		None		Where Residing if not at place of death		Pocumtuck City - Mass
	Married, Single		Single		Name of Wife or Husband		None
	Father's Name		Peter Bailey		Father's Birthplace		Pocumtuck City - Mass
	Mother's Maiden Name		Virginia Armstrong		Mother's Birthplace		Pocumtuck City - Mass
Name of person giving information		Emma Armstrong		How related to deceased		Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Pocumtuck City - Mass		



Name
In
Full

Calvin Birch

11/23/VI

CERTIFICATE OF DEATH

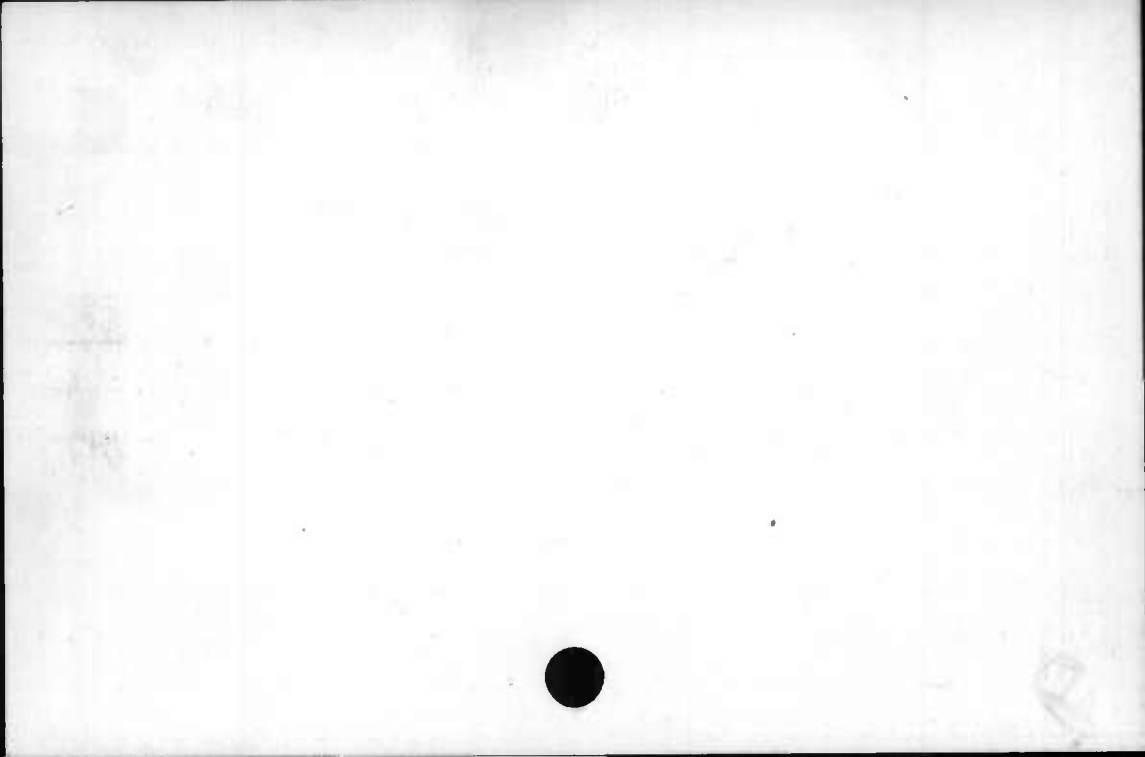
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Down the bay</i> ^{Town}		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>27</i>	Age <i>19</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sud</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Jessie Birch</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Joseph Coffin</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gun shot - (166)</i>	How long	<i>2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>[Signature]</i>	
		Address <i>D. A. Massey</i> <i>S. H. Reg</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Annie Belle Durr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Snow Hill		^{County} Worcester		MARYLAND	
Date of death	1906	Month	Apr.	Day	15
Age	38	Years	3	Months	8
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	Isaac F. Durr		
Father's Name	Jos. B. West			Father's Birthplace	Ind
Mother's Maiden Name	Sarah A. West			Mother's Birthplace	Ind
Name of person giving information	J. Frank Durr			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Rue Jones
		Address	Snow Hill Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

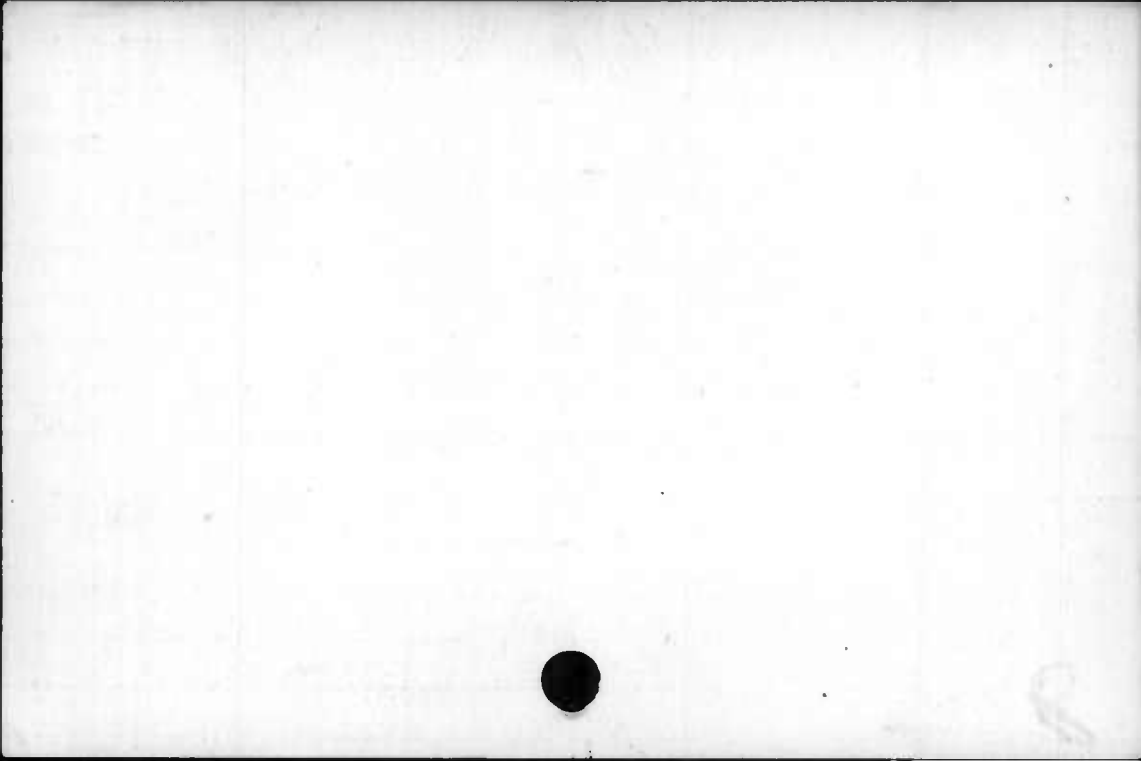
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1904</i>		Month <i>Nov</i>		Day <i>4</i>		Age <i>5</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Snow Hill Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James E Collick</i>		Father's Birthplace <i>Snow Hill Md</i>					
Mother's Maiden Name <i>Clarrice V. Collick</i>		Mother's Birthplace <i>Snow Hill Md</i>					
Name of person giving information <i>Clarrice V. Collick</i>		How related to deceased <i>Mother</i>					

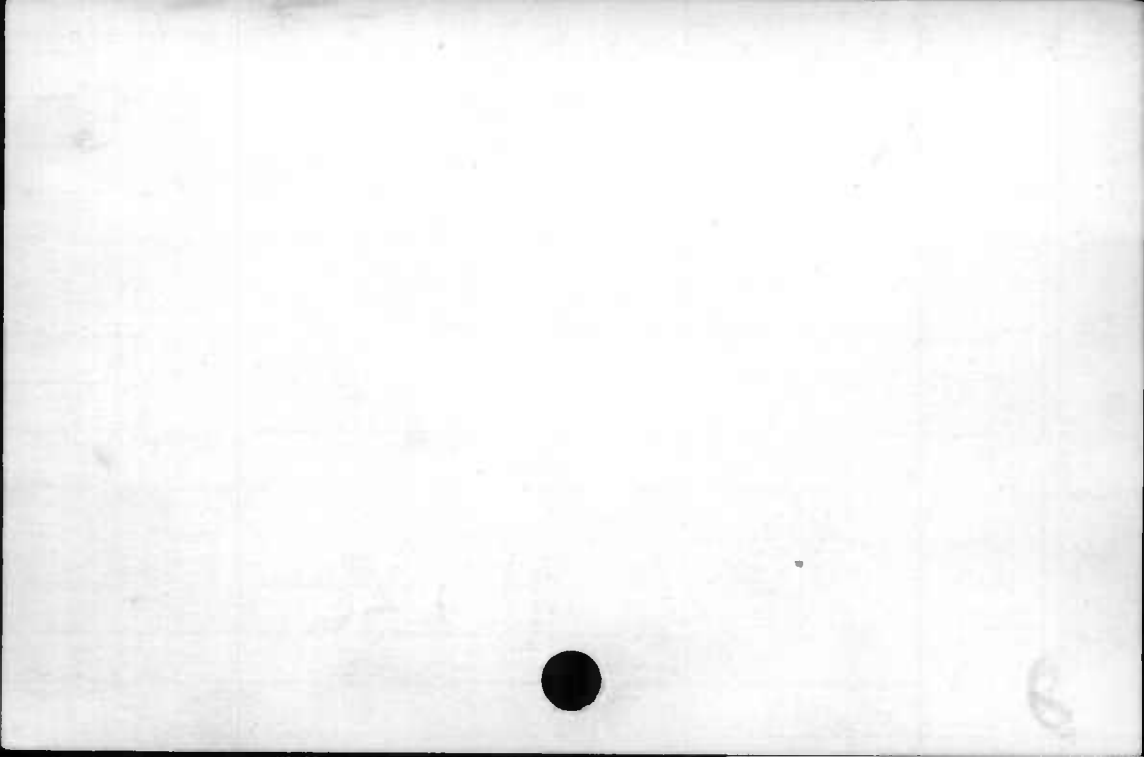
CAUSES OF DEATH

PHYSICIAN
OR CORONER

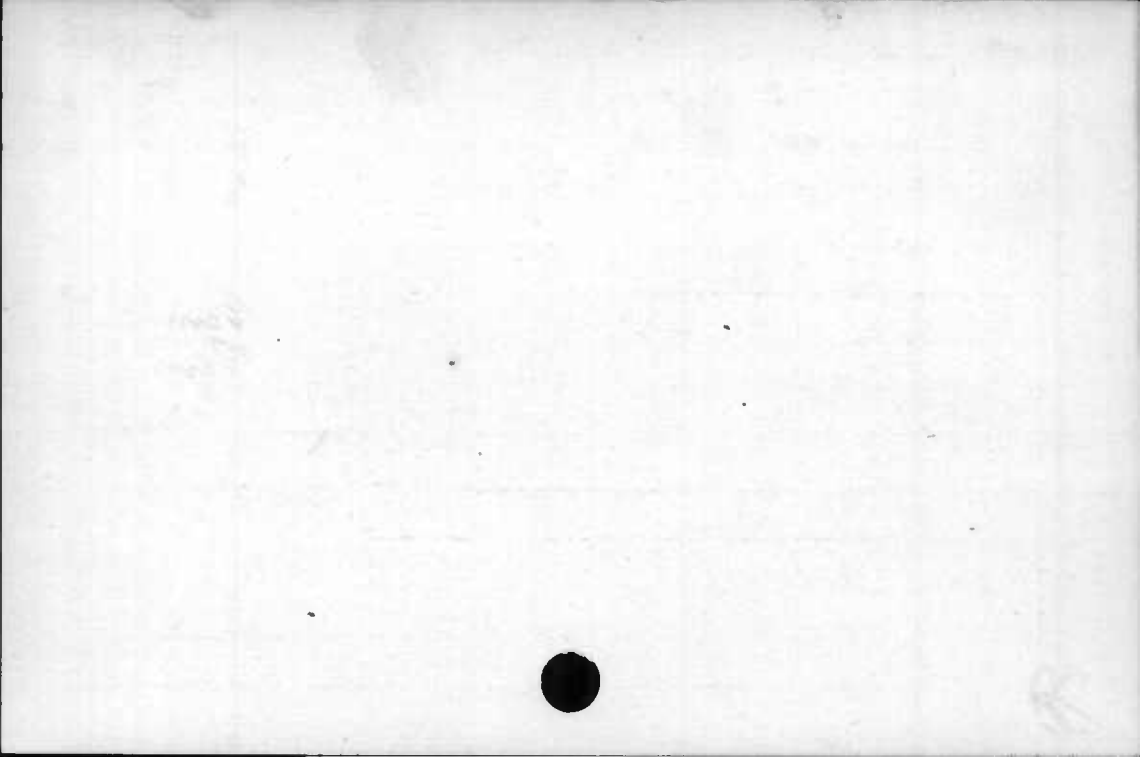
Primary	<i>Indigestion</i>	How long	<i>3 weeks</i>
Immediate	<i>Dysentery</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John S. Sydelotte</i>	
		Address <i>Snow Hill Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mary E Hammond</i>		County <i>Worcester</i>			
		Town <i>Giddletown</i>		State <i>MARYLAND</i>			
		Date of death <i>1906</i>	Month <i>11</i>	Day <i>3</i>	Age <i>67</i>	Months <i>about</i>	Days <i>about</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
		Occupation _____		Where Residing if not at place of death _____			
		Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband _____				
		Father's Name <i>George Hammond</i>		Father's Birthplace _____			
Mother's Maiden Name _____		Mother's Birthplace _____					
Name of person giving information <i>George Evans</i>		How related to deceased <i>Not related</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Arteriosclerosis</i>		How long <i>Years</i>			
		Immediate <i>Cardiac Exhaustion</i>		How long <i>Two days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as I know</i>		Signature of Physician <i>C. H. Cunningham</i>			
		Address <i>Giddletown Ind.</i>		_____			
Accident or Suicide? <i>_____</i>		_____					



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Boesmore City		Worchester		MARYLAND			
		Date of death		1906	Month 11	Day 16	Age	Years	Months 14	Days	
		Sex		male		Color or Race		white		Birth-place	md
		Occupation				Where Residing If not at place of death					
		Married, Single or Widowed		single		Name of Wife or Husband		-			
		Father's Name		John Hickman				Father's Birthplace		va	
		Mother's Maiden Name		Emma West				Mother's Birthplace		del.	
		Name of person giving information						How related to deceased			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Pertussis		How long		2 weeks			
		Immediate		General Exhaustion		How long		some days			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Willis					
				Address		[Redacted]					
		Accident or Suicide?									



Name
in
Full

Charles A. Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar. Oceanview</i>			Town <i>Mar. Oceanview</i>			County <i>Montgomery</i>			MARYLAND		
Date of death <i>1906</i>		Month <i>11</i>		Day <i>3</i>		Age <i>44</i>		Years <i>44</i>		Months <i>-</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Johns Co. Va.</i>		Where Residing if not at place of death <i>home</i>		Occupation <i>Farmer</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>C. F. Hopkins</i>		Father's Name <i>Chas Hopkins</i>		Father's Birthplace <i>W. Va.</i>		Mother's Maiden Name <i>Pheniah Tammam</i>		Mother's Birthplace <i>W. Va.</i>	
Name of person giving information <i>C. F. Hopkins</i>		How related to deceased <i>wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Exacerbation</i>		How long <i>12 yrs</i>	
Immediate <i>Sudden Collapse</i>		How long <i>12 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Wilson</i>	
		Address <i>Chesapeake City</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mary Madison* Town *near Bishopville* County *Worcester*Date of death *1906* Month *Nov* Day *5* Age *67* Years Months DaysSex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House work* Where Residing if not at place of death *with her Daughter*Married, Single, or Widowed *Widowed* Name of Wife or Husband *Jessie Madison*Father's Name *William Boesure* Father's Birthplace *Pa*Mother's Maiden Name *I don't know* Mother's BirthplaceName of person giving information *Arrie Gray* How related to deceased *Son*

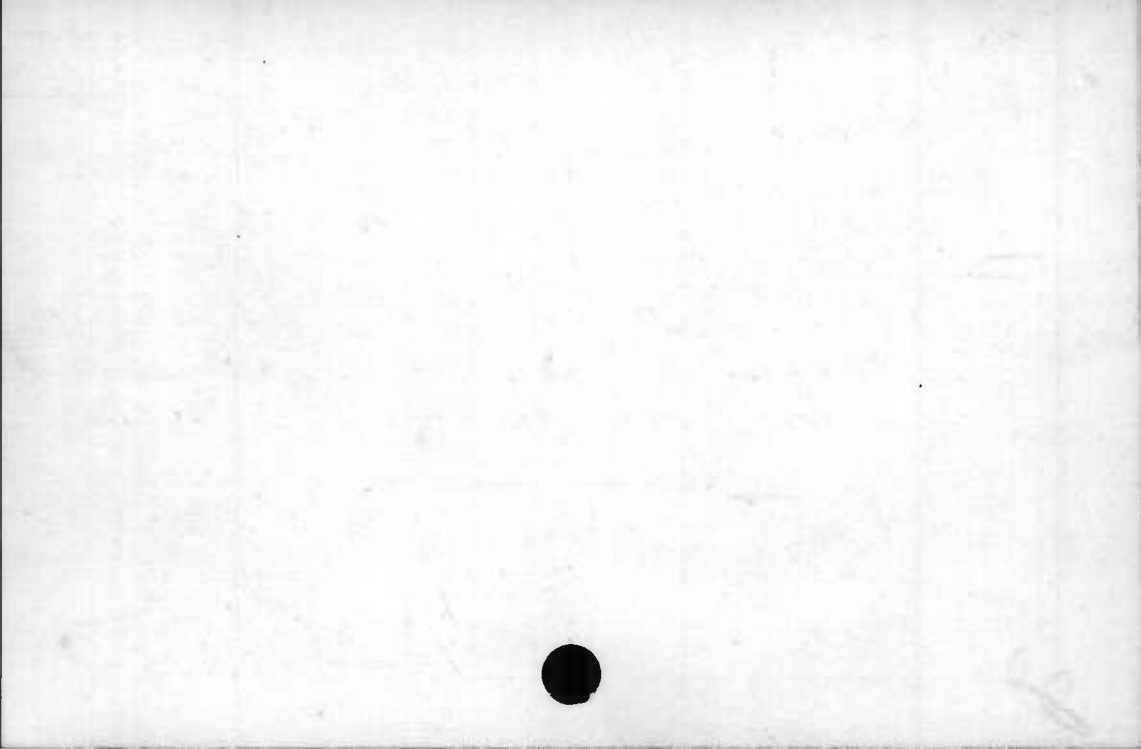
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Tuberculosis* How long *5 years*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. P. Collins*Address *Bishopville Md*

Accident or Suicide?



Name in Full		William H. Hughes				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pocomoke City		County Worcester		STATE MARYLAND	
	Date of death		1906	Month Nov	Day 30	Age	Years 3	
	Sex		Male		Color or Race	Caucasian		
	Occupation		None		Where Residing if not at place of death	Pocomoke City - Md		
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		William Hughes				Father's Birthplace	Baltimore Md
Mother's Maiden Name		Hattie Rue				Mother's Birthplace	Virginia	
Name of person giving information		William Hughes				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Dermatitis				How long	3 Minutes
	Immediate		Strangulation				How long	" "
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. Lee Hall	
	Address		Pocomoke City, Md					
Accident or Suicide?								



Name
in
Full

Clarence C. Stock

CERTIFICATE OF DEATH

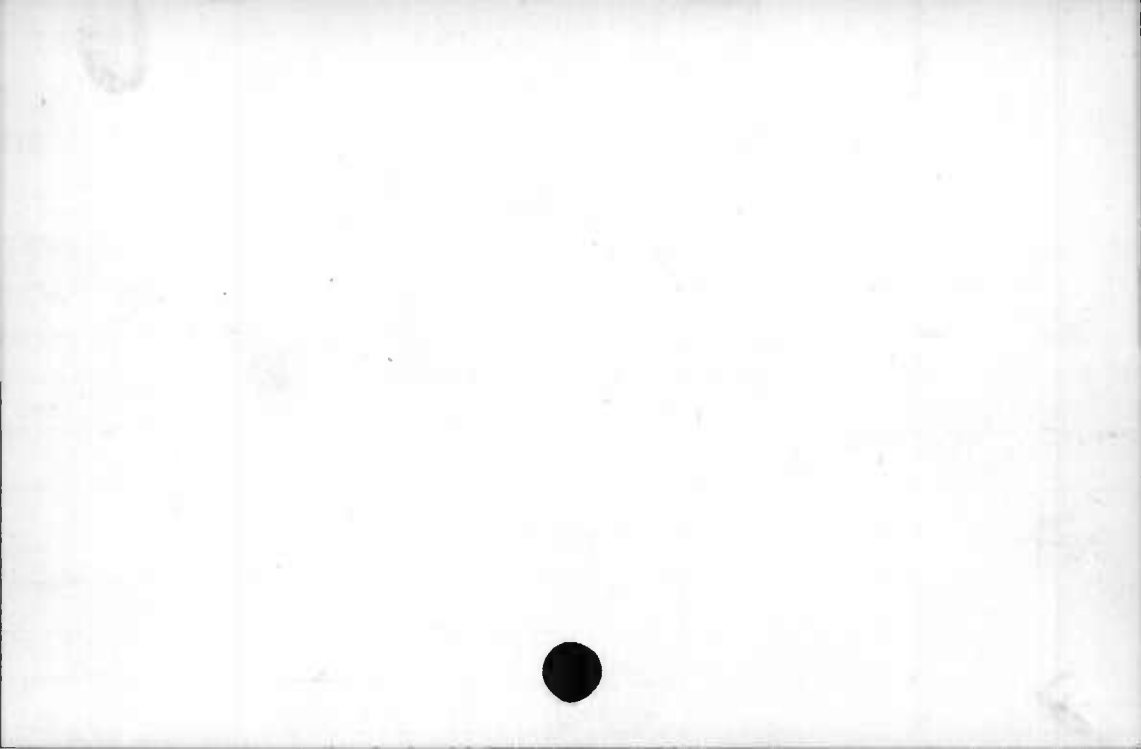
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Nov</i>	Month <i>Nov</i>	Day <i>4th</i>	Years <i>50</i>	Months <i>11</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Chick</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Ans. B. Stock</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Sarah M. Carey</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Ans. F. Stock</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 mos</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

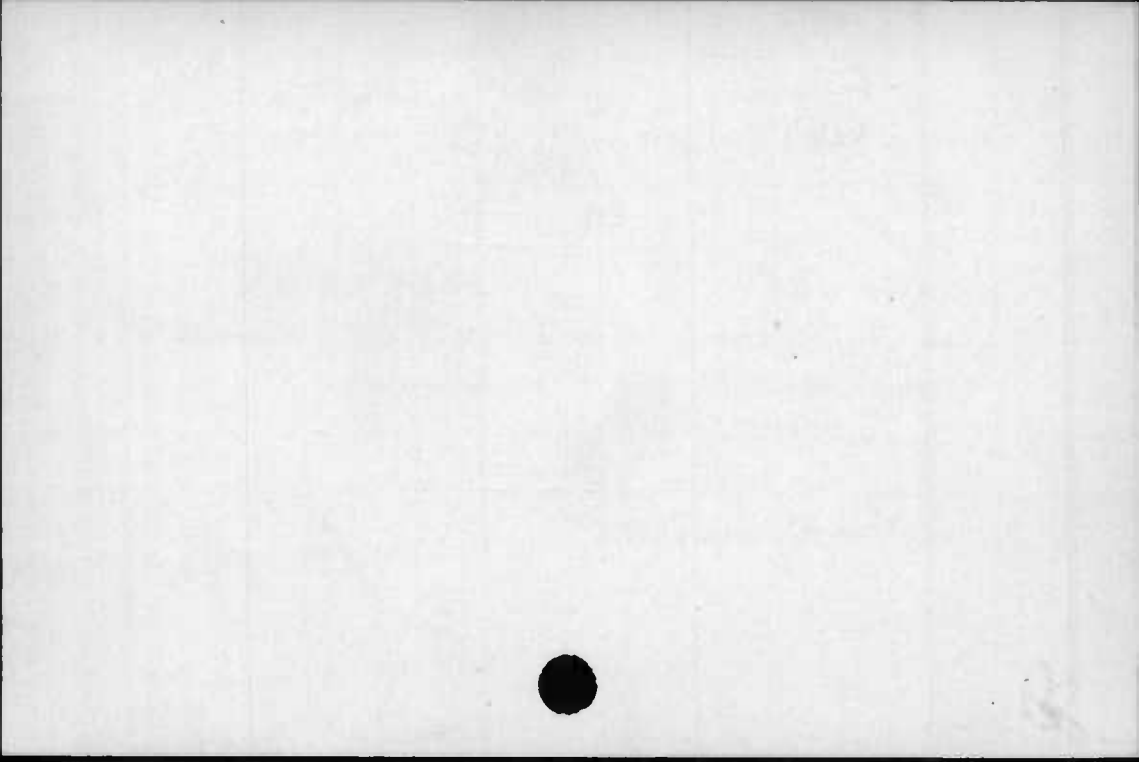
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

blanence Parsons		Town		County		MARYLAND	
Died at		Stockton		Norcross			
Date of death		1906		Age		21	
Month		Nov		Years		Months	
Day		19		Color or Race		White	
Sex		Male		Birth-place		Md	
Occupation		Merchant		Where Residing if not at place of death		Md	
Single		Married					
Father's Name		J W. Parsons		Father's Birthplace		Md	
Mother's Maiden Name		Gemma Larr		Mother's Birthplace		Md	
Name of person giving information		Wm Parsons		How related to deceased		Brother	

CAUSES OF DEATH

Primary	Explosion in store	How long	
Immediate	Burned to death	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. O. Payne, Register	
		Address	
		Stockton Md	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jenkins *Robbiss*
Town, County
Died at *Berlin* *Worcester* MARYLAND
Date of death 1906 11 24 Age 40 Months — Days —
Sex *Male* Color or Race *Black* Birth-place *Scot*
Occupation *Laborer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Jane Biddell*
Father's Name *Frank Robbiss* Father's Birthplace *Scot*
Mother's Maiden Name *Rachel Robbiss* Mother's Birthplace *"*
Name of person giving information *Wm Powell* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown* *179* How long

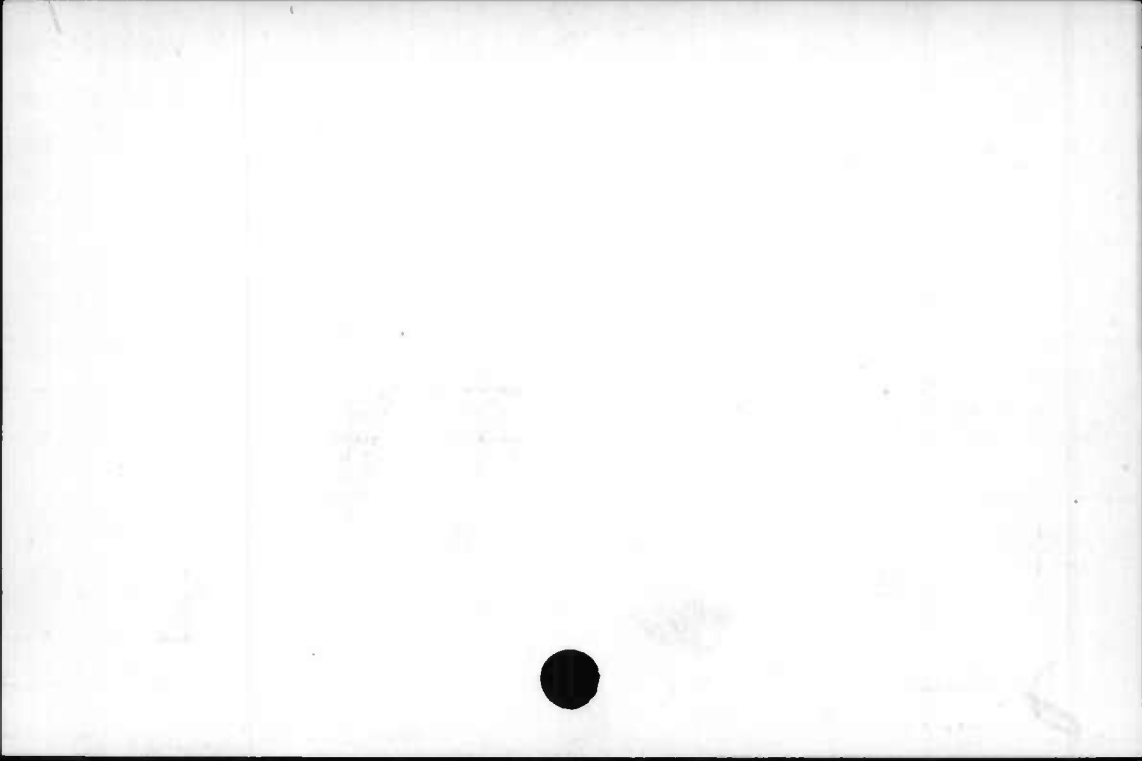
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

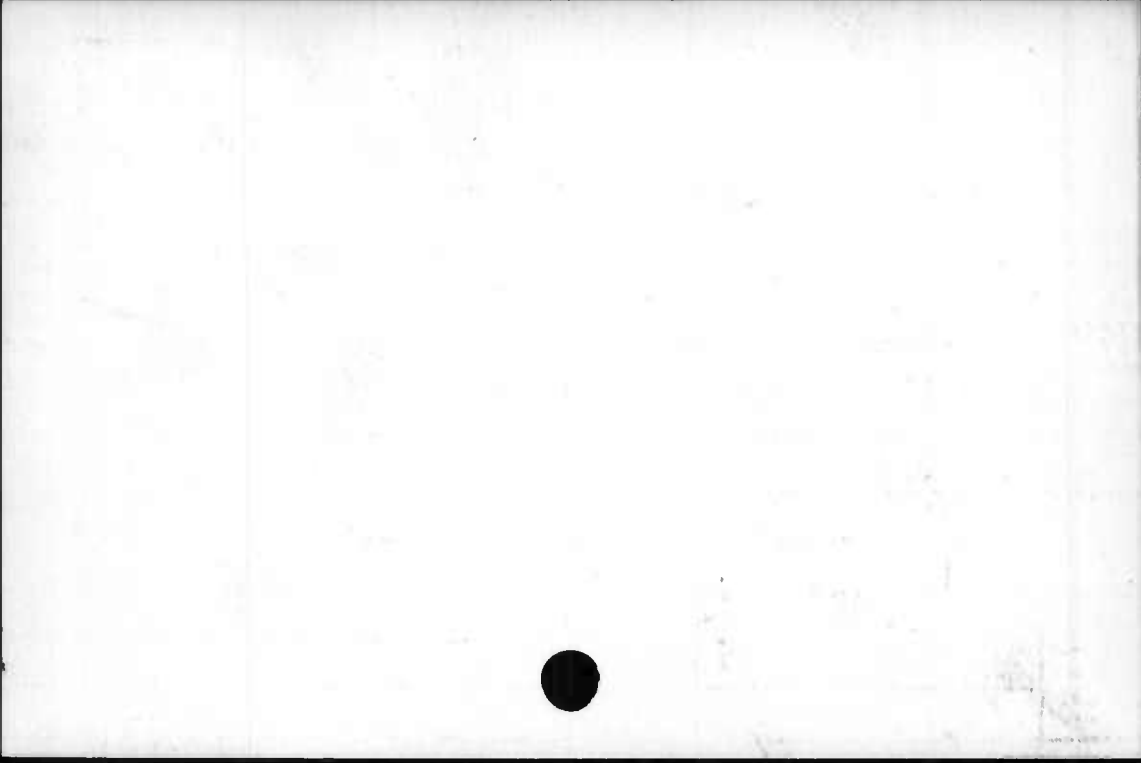
Signature of Physician *W. J. V.*

Address *D. A. Massey*

Accident or Suicide?



Name in Full		Hermine Showell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Sympson		Morris		
		Date of death		1906	Month 11	Day 18	Age 22	Years
		Sex		Female		Color or Race		Blk
		Occupation		Servant		Where Residing If not at place of death		
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Major Showell		Father's Birthplace		End
		Mother's Maiden Name		Lelara Whaley		Mother's Birthplace		"
		Name of person giving information		Harry Hooks		How related to deceased		None.
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Tuberculosis		How long		1 year
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edw. Hollander
						Address		Bedford St.
		Accident or Suicide?						



Name
in
Full

Geo Henry Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Pocomoke City^{County} WorcesterDate of death 1906 ^{Month} Nov.^{Day} 30Age ^{Years} 3^{Months} 4^{Days} 15

Sex Male

Color or Race Colored

Birth-place Pocomoke City

Occupation —

Where Residing if not at place of death

Pocomoke City Md

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Henry Taylor

Father's Birthplace Stockton Md

Mother's Maiden Name Alorita Smith

Mother's Birthplace St James Md

Name of person giving information Henry Taylor

How related to deceased Father

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary Bronchopneumonia

How long 2 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

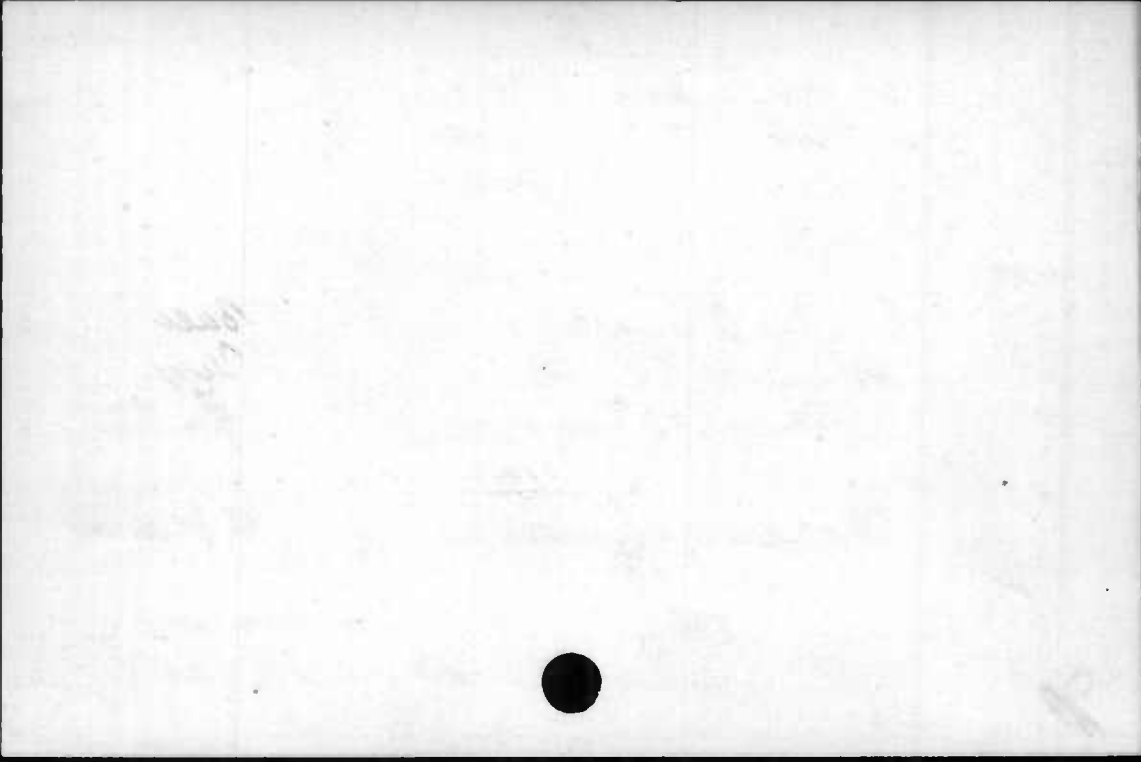
Signature of Physician

Address

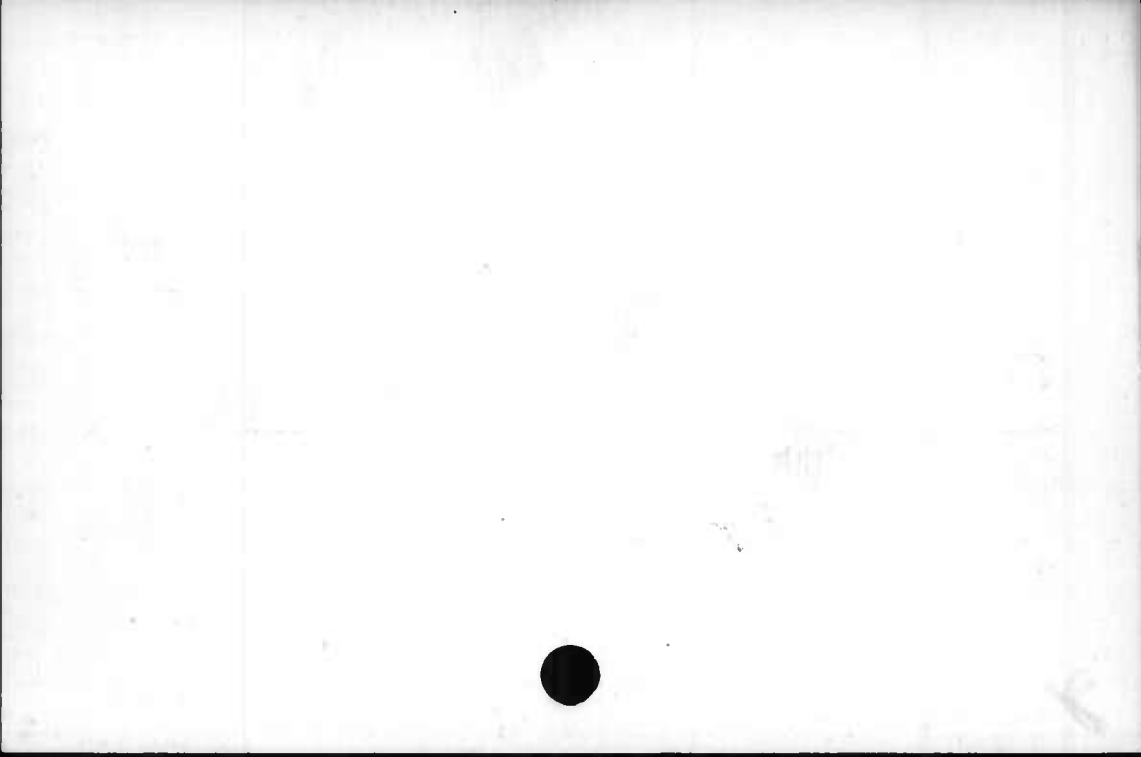
R. L. Hall

Pocomoke City Md

Accident or Suicide?



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Acas, Buler</i>		County <i>Worcester</i>		
		Date of death <i>1906</i>		Month <i>11</i>	Day <i>17</i>	Age <i>20</i>
		Sex <i>Male</i>		Color or Race <i>Coloured</i>	Birth-place <i>Md.</i>	
		Occupation <i>Farm hand</i>		Where Residing if not at place of death <i>Md</i>		
		Married, Single <i>Single</i>		Name of Wife or Husband <i>None</i>		
		Father's Name <i>Charles E. Simmons</i>		Father's Birthplace <i>Md</i>		
		Mother's Maiden Name <i>Alice Bethards</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Charles E. Simmons</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Consumption</i>		How long <i>3 Months</i>		
		Immediate		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>No doctor</i>		
				Address <i>L. A. Massey</i>		
Accident or Suicide?						



Name
in
Full

Julia Trader

CERTIFICATE OF DEATH

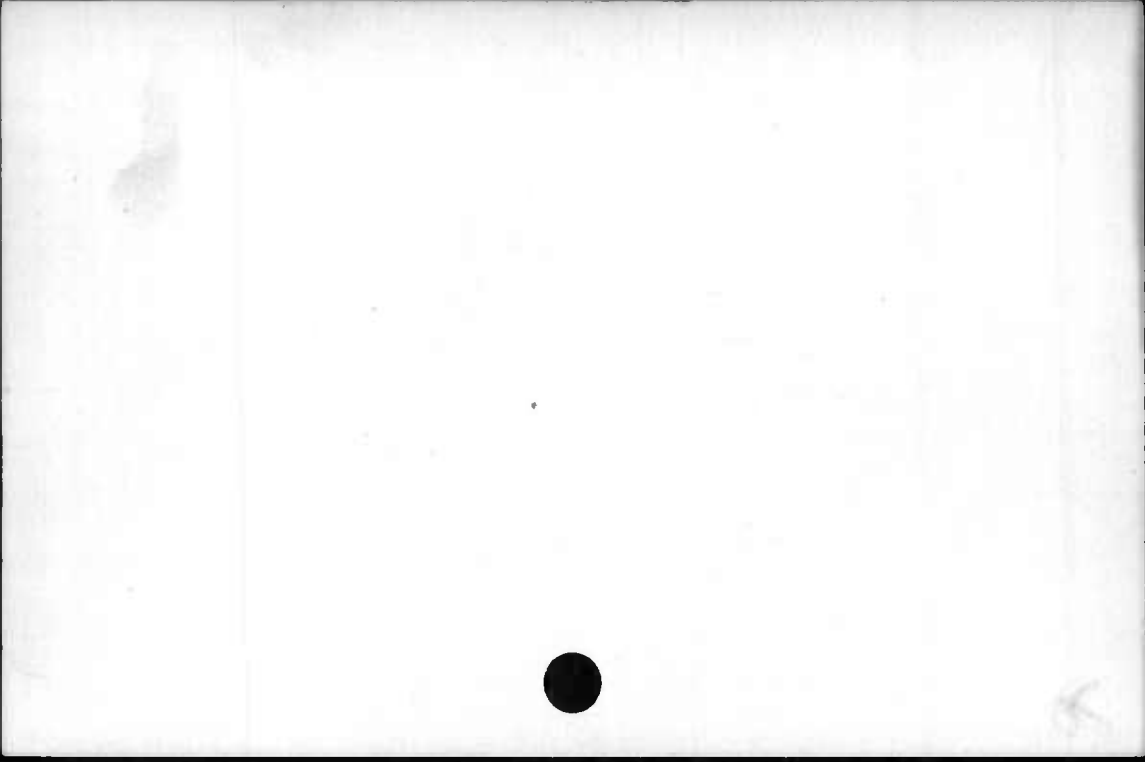
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Pocomoke City		^{County} Worcester		MARYLAND	
Date of death	1906	Month	Nov.	Day	2
Age		35		Months	Days
Sex	Female		Color or Race	white	
Birthplace	Worcester Co. Md				
Occupation	House wife		Where Residing If not at place of death on farm at place of death		
Married, Single or Widowed	Name of Wife or Husband Lloyd Trader				
Father's Name	Moses Jones			Father's Birthplace	Worcester Co. Md
Mother's Maiden Name	Henrietta Harris			Mother's Birthplace	Worcester Co. Md
Name of person giving Information	Jay Shivers			How related to deceased	neighbour

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer	How long	one year
Immediate	Exhaustion of vital forces	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Harve T. Costers
		Address	Pocomoke Md
Accident or Suicide?			



Name
in
Full

Fred A. Vickston

CERTIFICATE OF DEATH

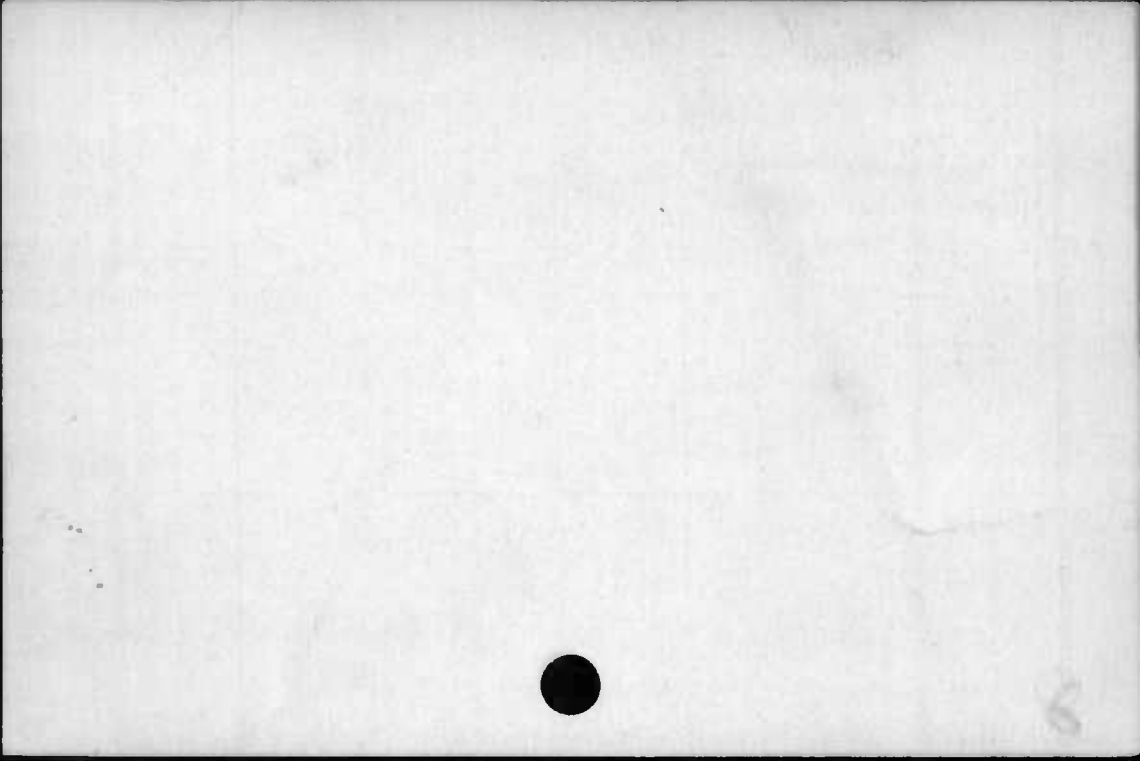
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>NOV</i>	Day <i>11</i>	Age <i>16</i>	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Snow Hill Md</i>		
Occupation <i>School boy</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robert Vickston</i>			Father's Birthplace <i>Snow Hill Md</i>		
Mother's Maiden Name <i>Aemie Vickston</i>			Mother's Birthplace <i>Snow Hill Md</i>		
Name of person giving information <i>Robert Vickston</i>			How related to deceased <i>Father</i>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>Tubercular peritonitis</i>	How long	<i>4 months</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Riley</i>	
		Address <i>Snow Hill, Maryland</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

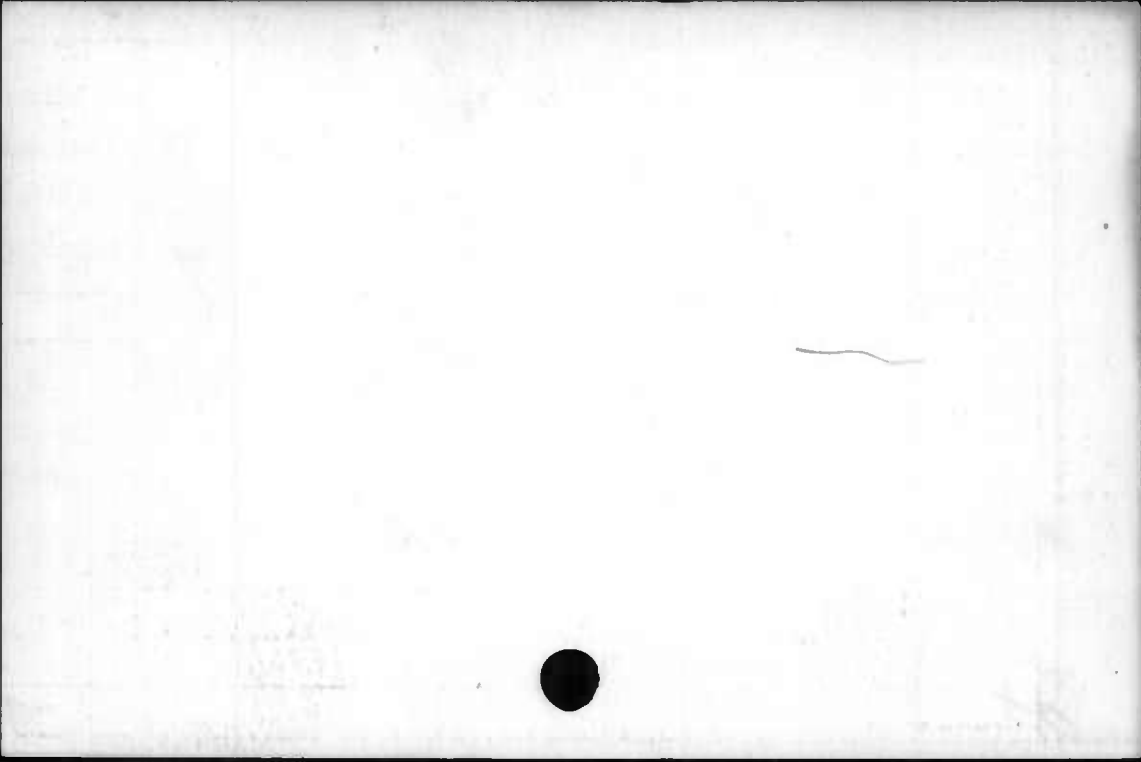
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dear</i> ^{Town} <i>Berlin</i> ^{County} <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>13</i>	Age <i>62</i> Years Months Days
Sex <i>male</i>	Color or Race <i>Beh</i>	Birth-place <i>Ind</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bella Whaley</i>		
Father's Name <i>_____</i>	Father's Birthplace		
Mother's Maiden Name <i>_____</i>	Mother's Birthplace		
Name of person giving information <i>John Whaley</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Strangulated Hernia</i>	How long <i>unknown or so</i>
Immediate <i>Peritonitis</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Driskell</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name
in
Full

Urban J. White

CERTIFICATE OF DEATH

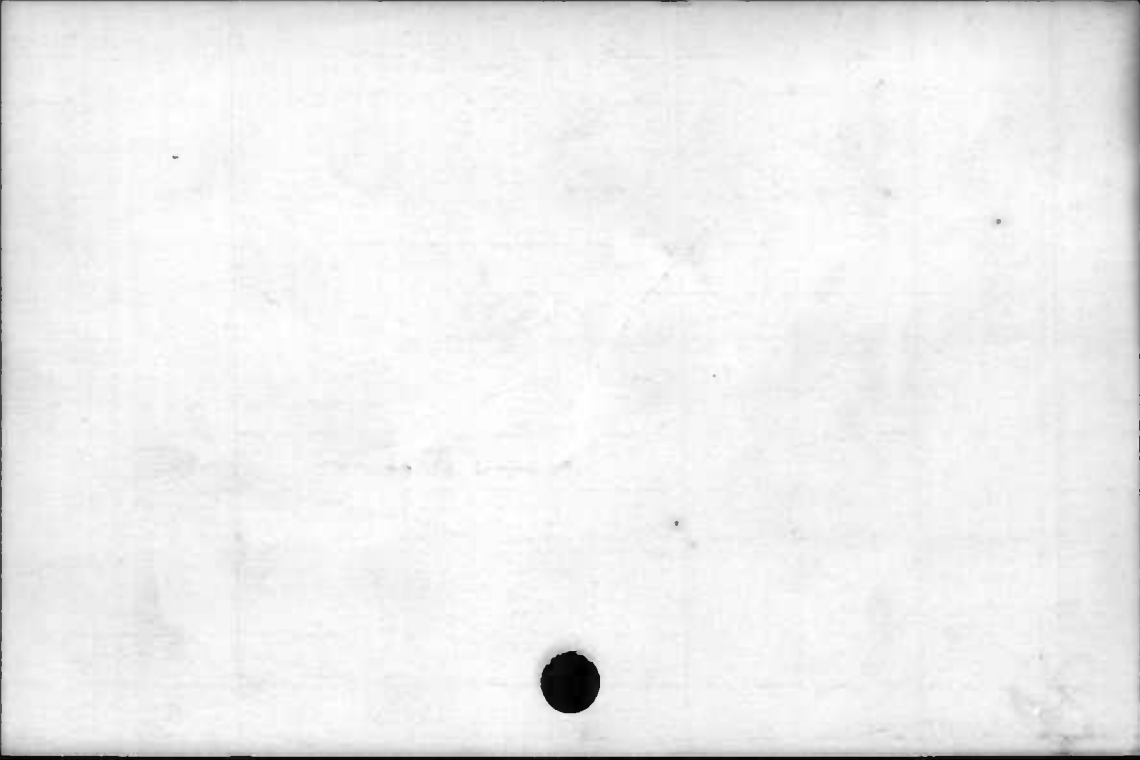
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>9</i>	Age <i>78</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Archie White</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Susan Munnice</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Jno P. White</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion & Coma</i>	How long <i>Some hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. Willis</i>
	Address <i>Pocomoke City</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Virginia Williams
Bertham ^{Town} Worcester ^{County}

MARYLAND

Date

of death 1906

Month

11

Day

4

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Williams

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Parkhill

Mother's
Birthplace

"

Name of person giving
In formation

J. E. Wise

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Diphtheria

How long

1 week

Immediate

Keen's formula

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. H. Holland

Address

Bertham

Md

Accident or Suicide?

